BEST AVAILABLE COPY

								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR									11 10/038942					
Effective October 1, 2001									H-052619,148					
CLAIMS AS FILED - PART I									EN	ITITY		OTHER		
			(Column 1) (Co			mn 2) T		TYPE			OR	SMALL	ENTITY	
TOTAL CLAIMS			21					RATE		FEE		RATE	FEE	
FOR			NUMBER F	ILED	NUMBER EXTRA			BASIC F	EE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			21 min	us 20=	.4			X\$ 9=		OR	X\$18=	12		
INDEPENDENT CLAIMS			3 min	us 3 =	(0-			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					·+140=			OR	+280=	,	
* H	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	XIZ		
CLAIMS AS AMENDED - PART II									•		, "	OTHER	THAN	
						(Column 3)	_	SMAL	L E	NTITY	OR	SMALL		
A		CLAIMS REMAINING		NUM	HEST IBER	PRESENT		RATE		ADDI- TIONAL		RATE	ADDI- TIONAL	
ENT		AFTER AMENDMENT			FOR	EXTRA				FEE			FEE	
MO	Total	. 22	Minus	**		=	\vdash	X\$ 9	=		OR	X\$18=		
AMENDMENT A	Independent	. 3	Minus	848		-		X42=			OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	TCLAIM			+140	_		OR	+280=		
								TOT			OR	TOTAL		
									EE		On	ADDIT. FEE		
_		(Column 1)	1		ımn 2). HEST	(Column 3)	1		-	ADD1-	ŀ		ADDI-	
9		REMAINING AFTER			MBER IOUSLY	PRESENT		RATI	E	TIONAL		RATE	TIONAL	
MENDMENT B		AMENDMENT		PAIL	FOR		┨			FEE			FEE	
	Total	•	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	•	Minus	***		-	4	X42	=		OR	X84=	•	
匚	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	T CLAIM		J	+140				+280=		
					*		;		TAL		OR	TOTAL		
l								ADDIT. F			OR	ADDIT. FEE		
		L												
ပ		CLAIMS REMAINING		NU	HEST MBER	PRESENT		DAT	1	ADDI-		DATE	ADDI- TIONAL	
		AFTER AMENDMENT			IOUSLY D FOR	EXTRA	╛	RAT	E •	TIONAL FEE	•	RATE	FEE	
AMENDMENT C	Total	*	Minus	**		5		X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***		=-		X42			OR	X84=		
	FIRST PRESI	NTATION OF N	AULTIPLE DE	PENDE	NT CLAIM		J			<u> </u>				
				_				+140			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the entry in column 1 is less than the entry in column 2. **TOTAL ADDIT. FEE														
"	"If the "Highest No The "Highest Nu	umber Previously mber Previously P	Paid For" IN TH Paid For" (Total o	IS SPACE or Indeper	E is less that redent) is th	an 3, enter "3." e highest numb	ber fo			propriate bo	ox in c	olumn 1.		